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FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 91516 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000118559

1. Entity Name
NET 227, INC.

55042442

Principal Place of Business	Mailing Address
4613 UNIVERSITY DRIVE SUITE #258 CORAL SPRINGS, FL 33067	4613 UNIVERSITY DRIVE SUITE #258 CORAL SPRINGS, FL 33067

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5944 Coral Ridge Dr	5944 Coral Ridge Dr
Suite, Apt. #, etc. # 133	Suite, Apt. #, etc. # 133
City & State Coral Springs, FL	City & State Coral SprinGS, FL
Zip 33076 Country	Zip 33076 Country

4. FEI Number 26-0019884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOONAN, KEVIN F
5592 N W 126TH TERRACE
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-24-3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOONAN, KEVIN F 5592 N W 126TH TERRACE CORAL SPRINGS, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-23-3 954-823-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)